



FACT SHEET

OFFICE OF WOMEN'S AND PERINATAL SERVICES

PERINATAL SERVICES NETWORK

April 2011

Background

The Office of Women's and Perinatal Services (OWPS) oversees a statewide network of publicly funded perinatal substance use disorder (SUD) treatment programs that serve pregnant and parenting women and their children. State and federal perinatal funds support activities in women-specific treatment and recovery services, case management, transportation, therapeutic services for children, child care, education and counseling, and primary medical and pediatric care. OWPS works with all relevant agencies, departments, task forces, recovery communities, non-governmental organizations, and other identifiable groups to ensure that pregnant and parenting women and their children are a priority in alcohol and other drugs (AOD) prevention and treatment policy development.

The perinatal programs are funded by a combination of State General Funds, Federal Substance Abuse Prevention and Treatment (SAPT) block grant funds, federal financial participation (Medi-Cal) match, as well as local public and private funds. Fifty-five counties currently operate perinatal programs. For fiscal year 2009-10, the Department of Alcohol and Drug Programs (ADP) allocated approximately \$40 million to the counties to fund approximately 290 publicly funded perinatal AOD treatment and recovery programs.

Description of Services, Mandates, Activities

In state fiscal year 2009-10, 18,842 pregnant and parenting women and their children received services delivered through public-funded programs. These programs are gender-specific and culturally relevant, and include the following services which are based on county needs and demographics:

- Case Management services that include an individual plan and set of activities to provide for related needs and assist the client in establishing and maintaining recovery support and healthy community involvement.
- Daycare Habilitative Services for two or more hours, three hours if Drug Medi-Cal (DMC) certified, but less than 24 hours a day.
- Detoxification: Residential or outpatient treatment services that provide for safe withdrawal treatment in an ambulatory setting.
- Narcotics Treatment Programs (NTP) that provide narcotic replacement therapy as prescribed by a physician to alleviate the symptoms of withdrawal from narcotics.
- Outpatient Drug-Free (ODF) treatment and recovery services.
- Residential treatment services for AOD use and dependency.
- Transitional Living services designed to help women maintain an AOD-free lifestyle and transition back into the community.

ADP is responsible for the management and oversight of these services.

The Perinatal Services Network Guidelines outline the requirements for all perinatal service network programs regardless of funding source. The required services include but are not limited to: priority admission for pregnant and parenting women, women-specific services, transportation, therapeutic services for children, child care, educational components, primary medical care and pediatric care. The counties are monitored annually to ensure compliance with guidelines and technical assistance is provided when necessary.

The funding sources and the allowable expenses that support these services are:

- State General Fund Discretionary Perinatal: Services to pregnant/postpartum women and their infants, as well as, parenting women and their children through age 17.
- Perinatal Drug Medi-Cal: Services to pregnant and postpartum women. The postpartum period is defined as a 60-day period beginning on the last day of pregnancy, regardless of whether other conditions of eligibility are met.
- SAPT Perinatal Set-Aside: Increasing the availability of treatment services for pregnant women and women with dependent children by expanding capacity, adding new perinatal programs/services and/or changing existing programs.

Priority Action Areas

Child Welfare: Since many adult clients are from families that deal with substance abuse, it is important to address the generational impact of parental substance abuse on child welfare. Through our In-depth Technical Assistance (IDTA) project, ADP is working to

foster cross-system collaboration at both the policy and practice level in order to improve outcomes for families in the child welfare system who are affected by SUDs.

Fetal Alcohol Spectrum Disorders: Fetal Alcohol Spectrum Disorders (FASD) is a serious developmental disorder which is 100% preventable. FASD is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications. The costs of Fetal Alcohol Syndrome (FAS), a specific condition identified under FASD, are estimated between \$1 million and \$5 million per child, not including possible incarceration.

Legal Authority

Office of Women and Perinatal Services – Health and Safety Code, Part 1, Division 10.5, Chapter 2, Alcohol and Drug Affected Mothers and Infants Act (Assembly Bill 3010, Statutes of 1990, Chapter 1688)

State General Fund Discretionary Perinatal – California Budget Act Authority; Negotiated Net Amount (NNA) and Drug Medi-Cal Contract combined contract between the state and the counties

Perinatal Drug Medi-Cal – Title 22, CCR Division 3, Health Care Services; Negotiated Net Amount (NNA) and Drug Medi-Cal Contract combined contract between the state and the counties

SAPT Perinatal Set-Aside – Title 42, USC, Chapter 6A, Subchapter XVII, Part B, Subpart ii, Sections 300x-21 through Section 300x-66; HSC 11754; CFR 45, Subtitle A, Part 96, Subpart L, Sections 96.120 through 96.1376

Relevant Statistics

- More than half (51.2%) of all female clients admitted to treatment were between the ages of 26 and 45 years.
- Almost 55% of all female clients admitted to treatment had minor children.
- 15% of all female clients admitted to treatment were homeless.
- 6% of all female clients admitted to treatment were pregnant.
- 43% of all female clients admitted to treatment were referred by the court system.
- Nearly 60% of all female clients admitted to treatment received services through an outpatient program.

Stakeholders

County Alcohol and Drug Program
Administrators Association of California
Department of Developmental Services
Department of Health Services
Department of Mental Health
Department of Public Health - Maternal Child
and Adolescent Health
Department of Social Services
National Association of State FASD
Coordinators
National Center on Substance Abuse and
Child Welfare
Perinatal Alcohol and Drug Treatment
Providers
Substance Abuse and Mental Health Services
Administration's Center for Substance
Abuse Treatment